

## TREATMENT OF NOCTURNAL ENURESIS IN CHILDREN WITH THE USE OF METHODS OF TRADITIONAL MEDICINE

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The aim of the study was to study the clinical and neurological manifestations of enuresis in children with an assessment of the effectiveness of non-drug therapies. Materials and methods of research. To achieve this goal, we studied children with nocturnal enuresis aged 7 to 18 years. The respondents were divided into 2 groups: the main group and the control group. It should be noted that the study groups did not include children with diseases of the urinary system (pyelonephritis, glomerulonephritis, urolithiasis), with connective tissue dysplasia and children with organic diseases of the nervous system. All patients had studies of the genitourinary system have been conducted in order to exclude diseases of the urogenital tract, which may be the cause of urinary incontinence. A detailed medical history was collected, an assessment of the somatic status and an assessment of social well-being in the family was carried out. Each patient of the study group kept an individual diary.

**The result and discussions.** All children of the main group with primary nocturnal enuresis received the necessary treatment. They were divided into two groups:

**Group 1** - with traditional medical treatment (M-cholinolytics, tricyclic antidepressants, NSAIDs, neurometabolites, vitamins, anabolic drugs) and physiotherapy (galvanization by Shcherbak, therapeutic massage, hygienic gymnastics: abdominal breathing lying on your side, abdominal breathing in combination with leg lifting, abdominal breathing with abdominal muscle training, circular foot movements ("bicycle"), lifting and lowering the legs to the sides, lifting and spreading the legs to the side, lifting the trunk when exiting, lying on the stomach and electroson), as well as psychotherapy;

**Group 2** - where, in addition to traditional medication and physiotherapy, a phytotherapy drug (basil and honey) and acupuncture were prescribed. More stable results are achieved with combined acupuncture with simultaneous inclusion of herbal medicine. One of the most reliable and reliable means of treating nocturnal enuresis in children is a mixture of sweet Basil (Latin *Ocimum basilicum*). To prepare the infusion, you need to take 2 grams.

Fragrant basil, then this amount is poured with 100 ml of hot water (temperature 90-96 degrees Celsius). After that, the infusion of herbs is covered with a piece of cloth, infused for 20 minutes. Dosage: children 7-14 years old 2 grams per 100 ml of water, children 14-18 years old 4 grams per 200 ml of water. Take 100 ml 2 times a day in the morning and afternoon for 6 months. When boiling, basil essential oils have the property of volatilization, which leads to a decrease in efficiency. Also in the evening, ½ teaspoon of honey was prescribed.

**Conclusion:** The medical effectiveness in the use of combination therapy reliably reaches 85%, whereas with traditional therapy it is 55% ( $p < 0.001$ ). After the therapy, in group 1 with traditional therapy, this indicator decreased by slightly more than 40%, whereas in group 2 with complex treatment by 65%, and at this stage the differences we identified were statistically significant ( $p = 0.025$ ).

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In the course of our work, we found out that the effectiveness of the treatment of involuntary urination during night sleep has a direct connection with the current stage of the implementation of the prescribed treatment, which was compiled based on the diary of enuresis and urination.